NH Department of Safety Division of Motor Vehicles Motorcycle Rider Training Program

2008 Course Registration Form



					The soot of
Student Information Please print clearly in ink: Last Name First Name M.I.			Course Selection When are you available to take the course? List as many dates as possible. Next to the dates, list your preferred locations in order of your preference.		
			<u> </u>		
NH Mailing Address			Code	Dates	Locations
City/Town	State	Zip			
Evening Phone	Daytime Phone				
Date of Birth	NH Driver License Numb	per			
you of your class assignm state mailing address. If a you by telephone so list a where we can contact you	apshire Residents only. We ent by mail, so provide a cuas is re-scheduled, we day and evening telephone. If you are under the age ardian co-sign your registra	urrent in- will notify e number of 18, you			
Student Background How much recent <i>bicycle</i> riding experience do you have? None A Little A lot Describe your previous motorcycling experience. None Passenger Only Some Street Riding Dirt Bike Only More than 2 years riding Other Do you currently own a motorcycle? No Yes			Please note: Classes fill very quickly, especially at the beginning of the year. By choosing many different dates and locations, you increase your chances of being enrolled in a class. Add an additional sheet if necessary. If all of your choices are full, we will return your payment and registration.		
Do you currently hold one of the following: NH Motorcycle Permit? No Yes NH Motorcycle License? No Yes For how long? How did you hear about this course? In what NH County do you live? Please circle one: Belknap Carroll Cheshire Coos Grafton Hillsborough Merrimack Rockingham Strafford Sullivan		Course Type and Fees Choose one of the following: Basic Rider Course (BRC) \$110.00 Intermediate Rider Course (IRC) \$50.00 Requires previous attendance in a Basic level class. Previous class # Experienced Rider Course (ERC) \$60.00 Course fees are non-refundable			
endorsement. Successfunction of both a written test and you will not receive a way or if you put yourself or a non-transferable and complete the course for a	l a riding skill evaluation.	se requires full If you are una During the che Instructor in Indable. If you	attendance a ble to comple course, if you nust dismiss a are unable t	at every session an ete the course or do are unable to meet you from the course to attend your schedu wish to be schedu	d the successful completion of not pass the evaluations, the objectives of the training e. This course is duled course or do not
Signature:				Date:	

Parent/Guardian Signature: _____ Date: _____

Mail Completed Registration Form & Payment to:

NH DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES ATTN: MOTORCYCLE RIDER PROGRAM 23 HAZEN DRIVE CONCORD, NH 03305

Select Payment Option						
Check or Money Order. Please make payable to "NH DMV" Returned check policy: We may re-present your checks electronically for any check returned for insufficient or uncollected funds. Your returned check will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution. Per RSA 6:11-a, A fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be charged for each returned check and collected with a separate electronic transaction.						
☐ Credit card. Please pro	ovide your credit card information below:					
Type of card Visa Master Card American Express	Card Number: Exp. Date: Name of Card Holder: Billing Address: Card Holder's Signature:					
For Office Use Only						